

Town of Darien
Police, Library, Town Hall, Public Works & nonbargained

BLUE CARE - Description of Benefits

PREVENTIVE CARE

You Pay:

Well Child Care (including immunizations)	Birth to 5 months	1 visit every month	No Charge
	6 mos to 11 mos	1 visit every 2 months	
	12 mos to 23 mos	1 visit every 3 months	
	24 mos to 35 mos	1 visit every 6 months	
	3 years to 21 years	1 visit every calendar year	
Periodic, Routine Health Examinations	22 years to 29 years	1 visit every 3 years	No Charge
	30 years to 49 years	1 visit every 2 years	
	50 & over	1 visit every year	
Routine Eye Exam	1 exam every year		No Charge
Hearing Screening	As part of the preventive exam		No Charge
Routine OB/GYN Visits	1 exam per year		No Charge
Mammography	35 years to 39 years	1 baseline	No Charge
	40 years to 49 years	1 screening every 2 years	
	50 & over	1 screening per year	
	Additional exams when medically necessary		

MEDICAL CARE

You Pay:

Primary Care Office Visits		\$15 per visit
Specialist Consultations		\$15 per visit
Maternity Care	Pre-natal, delivery, and post-natal care Prior authorization required	\$15 first visit, all other paid in full
Laboratory		No Charge
X-Ray & Diagnostic Tests	In-office	No Charge
Allergy Services		
Office Visits		\$15 per visit
Allergy Injections & Testing		No Charge

HOSPITAL CARE

Prior Authorization Required

You Pay:

Semi-Private Room		\$150 per admission
Maternity & Newborn Care		\$150 per admission
Skilled Nursing Facility	Up to 120 days per calendar year	\$150 per admission
Rehabilitative Services	Unlimited days per medical condition	\$150 per admission
Outpatient Surgery	In a hospital or surgi-center	No Charge
Outpatient MRI & CAT Scan	In a free-standing facility	No Charge

EMERGENCY CARE

You Pay:

Emergency Room	Copayment waived if admitted	\$25 per visit
Ambulance	Land & Air Ambulance	No Charge
Urgent Care	At participating centers only	\$25 per visit

OTHER HEALTH CARE	Prior Authorization Required	You pay:
Home Health Care	Includes infusion therapy	No Charge
Outpatient Rehabilitative Services (includes physical therapy, occupational therapy & chiropractic treatment)	Unlimited	\$150 per visit
Prosthetic Devices	Subject to \$1,000 calendar year maximum.	80%
Durable Medical Equipment		80%
Outpatient Cardiac Rehabilitation Therapy	Unlimited	\$15 per visit
Infertility Services	\$5,000 lifetime maximum (includes services and drugs administered for the treatment of infertility) In vitro/GIFT/ZIFT not covered.	\$15 copay initial visit 50% coinsurance on all remaining services

MENTAL HEALTH & SUBSTANCE ABUSE CARE

Prior Authorization Required

You pay:

Members may access participating mental health/substance abuse provider groups either by referral from their PCP, emergency room, Employee Assistance Program, self-referral or the Plan.

Mental Health	Inpatient Outpatient office visits	No Charge \$15 per visit
Substance Abuse	Inpatient Outpatient office visits	No Charge \$15 per visit
Detoxification	Inpatient	

How to Use Your Plan

Simply present your membership card and pay any applicable cost-share(s). You receive full benefits for covered services when care is delivered by participating providers. Participating providers will submit claims directly to Anthem Blue Cross and Blue Shield of Connecticut on your behalf.

Prior Authorization: Prior authorization is required for inpatient admissions and specified outpatient procedures.

This does not constitute your health plan or insurance policy. It is only a general description of BlueCare benefits and exclusions.